OPERATING PROCEDURE

PATIENT ASSESSMENT AND TREATMENT

Effective Date: October 1, 1986

Revised: October 1, 2000

Approved By:

Approved By Operational Medical Director:

BLS

The following operating procedures (OP's) are intended to serve as guidelines and a framework for assessing and treating patients suffering from traumatic injury or illness. These OP's are based upon:

- ✓ *DOT National curriculum patient assessment/treatment guidelines*
- ✓ *American College of Emergency Physicians BTLS standards - 4th edition.*
- ✓ *American Heart Association BLS, ACLS & PALS guidelines*
- ✓ *Input from The City of Fairfax Operational Medical Director (OMD), Fire & Rescue Administration, and field providers*

City of Fairfax EMS providers should use all of their knowledge, skills and abilities in combination with these guidelines in order to achieve a complete assessment and proper treatment of the patient. During the assessment process, a transport decision should be made as soon as possible. (e.g.: "load & go") On-scene time should be kept to an absolute minimum, with as many procedures as possible being performed while enroute to the hospital or landing zone.

The steps listed throughout this operating procedure shall be performed as needed. As situations dictate, more than one step may need to take place simultaneously while in other cases, certain steps may be excluded.

During the course of patient care, On-Line Medical Control (OLMC) and/or the receiving facility should be contacted as soon as possible. The operating procedures and medical guidelines that are included in this document are intended to be a framework for pre-hospital providers to follow. EMS providers should always follow the directions given to them by the OLMC physician, carrying out all orders and interventions that are within their scope of practice.

If, through extenuating circumstances, access to OLMC is not possible, EMS providers are hereby instructed to carry out the expected standard of care as any prudent person trained to the EMS provider's level would do. The incident shall be documented and the OMD will be notified as soon as possible by department administration.

1. Perform a Scene Survey:
   - ✓ Identify and avoid potential hazards
   - ✓ If applicable, "Stage" until scene is declared stable
   - ✓ Establish safe working area
   - ✓ Utilize personal protective measures including BSI, PPE and SCBA as needed
   - ✓ Establish the mechanism of injury
   - ✓ Establish the number of patients
   - ✓ Establish the need for additional resources
   - ✓ Note environment where patient is found
   - ✓ Note the position of patient
   - ✓ Preserve potential crime scene and/or evidence
   - ✓ Update PSCC and pre-alert receiving facilities as needed

2. Make a general impression of the patient while approaching the scene.
   - ✓ Age
   - ✓ Sex
   - ✓ Weight
   - ✓ Amount of distress (none, mild, moderate, severe)
   - ✓ General appearance/state of health

3. Assess the patient's level of consciousness (LOC)
   - ✓ Alert
   - ✓ Verbal (responds to verbal stimulus)
   - ✓ Painful (responds to painful stimulus)
   - ✓ Unresponsive (does not respond)

IF TRAUMA IS SUSPECTED, SIMULTANEOUSLY ESTABLISH C-SPINE CONTROL WHILE ASSESSING THE LOC.

4. Ensure that the Airway is open, clear and maintainable
   - ❑ Reposition, sweep, and suction the airway as needed
   - ❑ Use airway adjuncts (OP, NP, etc.) as needed

5. Assess Breathing:
   - ❑ Assess presence, rate and quality
   - ❑ Provide BVM ventilation as needed
   - ❑ Provide supplemental OXYGEN as needed

6. Assess Circulation (assess radial, carotid and/or brachial pulses.)
   - ❑ Assess presence, rate and quality of pulses
   - ❑ Perform CPR per AHA standards as needed

7. Assess skin color, temperature and capillary refill

8. Assess for and control major external bleeding

9. Remove clothing and place patient in a hospital gown as needed. Make every effort to respect and protect the patient's privacy.

10. Perform a head to toe, anterior/posterior exam noting abnormalities through:
    - ❑ Inspection
    - ✓ Visualization
    - ❑ Palpation
    - ❑ Auscultation
    - ❑ Observation for Medic Alert jewelry/DNR Braclets.

11. Perform neurologic assessment:
    - ✓ Level of consciousness – assessing alertness and orientation to person, place and time
    - ✓ Note seizure activity
    - ❑ Motor – assessing ability to move of all extremities
    - ❑ Sensory – assessing sensation in all extremities
    - ❑ Pupils - equality and reactivity to light (PERRL)
    - ❑ Utilize the Cincinnati Stroke Scale as needed

12. Determine chief complaint and obtain history of present illness:
    - ✓ Onset of symptoms
    - ✓ Provoking factor
    - ✓ Quality of pain/problem
    - ✓ Region/Radiation of pain/Referred pain
    - ✓ Severity
    - ✓ Time (duration)/Treatment prior to arrival (and outcome)

13. Obtain prior medical history:
    - ✓ Allergies
    - ✓ Medications
    - ✓ Past medical history
    - ✓ Last oral intake
    - ✓ Events leading up to the emergency

14. Obtain additional medical information
    - ✓ Medical records
    - ✓ Transfer forms
    - ✓ DNR documentation

- ✓ "Vial of Life"/"File of Life"

15. Assess the following as indicated:
    - ❑ Pulse
    - ❑ Blood pressure
    - ❑ Respiration
    - ❑ Skin temperature and color
    - ❑ Pupils (reaction & size)
    - ❑ Lung sounds
    - ❑ Blood sugar (Patients with a documented blood sugar less than 70 mg/dl with associated signs & symptoms shall be considered hypoglycemic)
    - ❑ Blood Oxygen saturation
    - ❑ Temperature (Tympanic, Oral, Rectal)
    - ❑ Peak Flow

16. Perform ongoing re-evaluation and monitoring of each of the following as indicated:
    - ❑ Airway
    - ❑ Breathing
    - ❑ Circulation
    - ✓ Skin color
    - ❑ Vital signs
    - ❑ Neurological status
    - ❑ Oxygenation
    - ❑ Breath sounds

17. Administer OXYGEN if indicated. Refer to OP 6.2.02

18. Immobilize per the BTLS standard as indicated.

19. Provide additional emergency care as warranted

20. Refer to the OP that is specific to the patient's pre-hospital "diagnosis". If the patient presents with more than one "diagnosis" refer to the most serious or life threatening first.

ALS ONLY

21. Connect patient to EKG monitor and interpret rhythm. Document rhythm by recording the EKG or capturing it into "Code Summary"

22. Treat arrhythmias as indicated/ordered by medical protocol

23. Obtain, interpret, and document 12 lead EKG if appropriate

24. Establish and maintain IV access. If indicated, check blood glucose and collect pre-glucose blood sample. Refer to OP 6.2.01

25. If patient is complaining of severe nausea or vomiting, administer PHENERGAN:
- **Adult: 12.5 mg IV or 25 mg IM**

26. If patient is febrile, consider administration of one of the following
- **IBUPROFEN 10 mg/kg PO**
- **ACETAMINOPHEN 15 mg/kg PO**

CONSIDER MEDICATION THAT PATIENT HAS ALREADY RECEIVED

27. If indicated for pain, administer NITROUS OXIDE/OXYGEN:
- **Adult: 50/50 concentration self administered via inhalation. Do not use NITROUS OXIDE if patient is hypoxic or otherwise requires high-concentration OXYGEN**

MEDICAL CONTROL ONLY

28. If patient is complaining of severe nausea or vomiting, administer PHENERGAN:
- ***Pediatric: 0.25 mg/kg IV or 0.5 mg/kg IM***

29. If indicated for pain, administer MORPHINE SULFATE:
- ***Adult: 2 mg slow IV push. Repeat every 3 to 5 minutes as needed, not to exceed 10 mg. OLMC may authorize additional doses. MORPHINE SULFATE should be titrated to patient response with careful attention to the patient's blood pressure and perfusion.***
- ***If administering MORPHINE SULFATE, also administer PHENERGAN 12.5 mg IV or 25 mg IM, to prevent nausea and potentiate the medication.***
- ***Pediatric: 0.1mg/kg IV/IO/IM/SQ.***
- ***If administering MORPHINE SULFATE, also administer PHENERGAN 0.25 mg/kg IV or 0.5 mg/kg IM to prevent nausea and potentiate the medication***

30. If patient is allergic to MORPHINE, administer DEMEROL:
- ***Adult: 25 to 50 mg slow IV/IM.***
- ***If administering DEMEROL, also administer PHENERGAN 12.5 mg IV or 25 mg IM, to prevent nausea***

and potentiate the medication.

- ***Pediatric: 1 mg/kg IV/IM. If administering DEMEROL, also administer PHENERGAN 0.25 mg/kg IV or 0.5 mg/kg IM to prevent nausea and potentiate the medication***

31. Administer TORADOL as indicated for pain:

- ***Adult: 30 mg IV or 30 to 60 mg IM***